

<b>Case Number:</b>	CM13-0033142		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant, a 41-year-old male, sustained an injury to his right foot on February 28, 2013. The report of the MRI of the right foot, dated July 31, 2013, documents no definitive abnormality; an ankle MRI shows subtalar fibrocartilagenous coalition with calcaneal cuboid arthritis. A September 20, 2013, follow-up report indicates failed conservative care of greater than five months and continued complaints of pain. No other imaging studies are documented in the records provided for review. This request is for one right subtalar arthrodesis, calcaneocuboid arthrodesis and local bone graft, pre-op labs to include CBC, UA and basic metabolic panel, a pre-op EKG, six sessions of postoperative physical therapy, 12-week wheelchair rental, and a prescription of Norco 10/325 mg, #60 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**ONE RIGHT SUBTALAR ARTHRODESIS , CALCANEOCUBOID ARTHRODESIS, LOCAL BONE GRAFT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT

IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: ANKLE PROCEDURE - FUSION (ARTHRODESIS).

**Decision rationale:** California MTUS and ACOEM Guidelines do not address the stated request. The Official Disability Guidelines do not support the request for subtalar fusion and calcaneocuboid fusion with local bone graft. The arthrodesis can be indicated in the treatment of post-traumatic arthritis. Subtalar arthrodesis is not supported by the ODG Guideline criteria.

**PRE-OP LABS TO INCLUDE CBC, UA AND BASIC METABOLIC PANEL (BMP):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ONE PRE-OP EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**SIX (6) SESSIONS OF POST-OP PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**TWELVE (12) WEEK WHEELCHAIR RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRESCRIPTION OF NORCO 10/325MG, #60 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria, norco Page(s): 76-80 and 90. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NORCO; OPIOIDS-CRITERIA, 76-80

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support the continued role of narcotics. The Chronic Pain Guidelines do not recommend the acute need for short-acting analgesic based on the claimant's clinical status. The continued role of this agent is not supported, and the treatment would not be medically necessary.

**PRESCRIPTION OF PERCOCET 10/325MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Percocet Page(s): 76-80, 92.

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support the continued role of narcotics. The Chronic Pain Guidelines do not recommend the acute need for short-acting analgesic based on the claimant's clinical status. The continued role of this agent is not supported, and the treatment would not be medically necessary.